

ARIZONA FORM
140NR

Nonresident Personal Income Tax Return

Mail to: Arizona Department of Revenue, PO Box 29002, Phoenix AZ 85038-9002

1995

For the year January 1 - December 31, 1995, or other tax year beginning _____, 1995, and ending _____, 1996. **66**

First name and initial - if joint return, also give spouse's name and initial 1		Last name		Your social security number	
Present home address - number and street, including apartment number or rural route 2		Apt. No.	Daytime telephone ()	Spouse's social security number	
City, town or post office 3		State	ZIP code	Home telephone 94 ()	

Filing Status Check one	4	Married filing joint return	88
	5	Head of household - name of qualifying dependent :	
	6	Married filing separate return Spouse's name: _____	
	7	Single Spouse's SSN: _____	
Exemptions Enter number claimed	8	Age 65 or over (you and/or spouse)	81
	9	Blind (you and/or spouse)	
	10	Dependents. From page 2, line A3 - do not include self or spouse.	

Residency Status (check one) **11** ☐ Nonresident **12** ☐ Nonresident Active Military **13** ☐ Composite Return

Income	14	Federal adjusted gross income (from federal Form 1040, 1040A, 1040EZ)	14				
	15	Arizona income (from page 2, line B16)	15				
	16	Additions to income (from page 2, line C20)	16				
	17	Amount received from an individual medical savings account	17				
	18	Add lines 15, 16 and 17	18				
	19	Subtractions from income (from page 2, line D31)	19				
	20	Subtraction of 1995 federal retirement contributions. See instructions	20				
	21	Total subtractions. Add lines 19 and 20	21				
	22	Arizona adjusted gross income. Subtract line 21 from line 18	22				
	Figuring Your Tax Find standard deductions amounts on page 10 of the instructions IMPORTANT: Attach Federal Schedule A and State Schedule A(NR) if you itemized.	23	Deductions. Check ONE box and enter amount. 23 I <input type="checkbox"/> ITEMIZED 23 S <input type="checkbox"/> STANDARD	23			
		24	Personal exemptions. Filing status box 4 or 5, multiply \$4,200 by the percentage from page 2, line B17. Filing status box 6 or 7, multiply \$2,100, by the percentage from page 2, line B17. Enter result here	24			
		25	Add lines 23 and 24	25			
		26	Arizona taxable income. Subtract line 25 from line 22	26			
		27	Compute the tax using Tax Rate Table X or Y	27			
28		Tax from recapture of credits from Arizona Form 301, line 18	28				
29		Subtotal of tax. Add lines 27 and 28	29				
30		Total credits from Arizona Form 301, line 33	30				
31		Credit type. Enter form number of each credit claimed 31 3 3 3					
32		Total tax. Subtract line 30 from line 29. If line 30 is more than line 29, enter zero	32				
33		Federal retiree credit available	33				
34		Balance of tax. Subtract line 33 from line 32. If line 33 is more than line 32, enter zero	34				
Payments		35	Arizona income tax withheld during 1995	35			
		36	Arizona estimated tax payments for 1995	36			
	37	Amount paid with 1995 Arizona extension request	37				
	38	Total payments. Add lines 35 through 37	38				
Refund or Tax Due Attach copy of your Forms W-2 here Attach check or money order on top of any Forms W-2	39	TAX DUE. If line 34 is larger than line 38, enter amount of tax due. Skip lines 40, 41 and 42	39				
	40	OVERPAYMENT. If line 38 is larger than line 34, enter amount of overpayment	40				
	41	Amount of line 40 to be applied to 1996 estimated tax	41				
	42	Balance of overpayment. Subtract line 41 from line 40	42				
		Voluntary Arizona contribution to:					
		Arizona Wildlife Fund	43				
		Child Abuse Prevention	44				
		Neighbors Helping Neighbors	45				
		Special Olympics	46				
		Voluntary political contribution	47				
	48	Check only one political party if making political contribution: 1 <input type="checkbox"/> Democratic 2 <input type="checkbox"/> Libertarian 3 <input type="checkbox"/> Republican					
	49	Estimated payment penalty and interest. See instructions	49				
	50	Check applicable box(es). 1 <input type="checkbox"/> Annualized/Other 2 <input type="checkbox"/> Farmer or fisherman 3 <input type="checkbox"/> Form 221 attached					
	51	Individual medical savings account penalty	51				
52	Total of lines 43, 44, 45, 46, 47, 49 and 51	52					
53	REFUND. Subtract line 52 from line 42. If less than zero, enter amount owed on line 54	53					
54	AMOUNT OWED. Add lines 39 and 52. Include social security number on payment.	54					

DOR USE ONLY **82**

PART A	A1 List children and other dependents related to you. If more space is needed, attach a separate sheet.					
Dependents	Name	Relationship	Soc. Sec. No.	Name	Relationship	Soc. Sec. No.
Do not list yourself or spouse.						
	A2 List dependents who are Arizona residents age 65 or over.					
	A3 Enter total number of persons listed in A1 and A2 here and on the front of this form, box 10.					TOTAL
						A3
PART B						
Arizona						
Percent of						
Total						
Income						
	B4 Wages, salaries, tips, etc.	1995 FEDERAL Amounts from federal return			1995 ARIZONA Source amounts only	
	B5 Interest	B4				
	B6 Dividends	B5				
	B7 Arizona income tax refunds	B6				
	B8 Alimony received	B7				
	B9 Business income or (loss) from federal Schedule C	B8				
	B10 Gains or (losses) from federal Schedule D.....	B9				
	B11 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E	B10				
	B12 Other income reported on your federal return	B11				
	B13 Total income. Add lines B4 through B12	B12				
	B14 Other federal adjustments. Attach your own schedule	B13				
	B15 Federal adjusted gross income. Subtract line B14 from line B13 in FEDERAL Column .	B14				
	B16 Arizona income. Subtract line B14 from line B13 in ARIZONA Column. Enter here and on the front of this form on line 15	B15				
	B17 Arizona percentage. Divide line B16 by line B15 and enter the result (not over 100%)	B16				
		B17				%
PART C						
Additions						
To Income						
	C18 Early withdrawal of Arizona Retirement System contributions	C18				
	C19 Other additions to income. See instructions and attach your own schedule	C19				
	C20 Total. Add lines C18 and C19. Enter here and on the front of this form, line 16.....	C20				
PART D						
Subtractions						
From						
Income						
	D21 Exemption: Age 65 or over. Multiply number in box 8, page 1, by \$2,100	D21				
	D22 Exemption: Blind. Multiply number in box 9, page 1, by \$1,500	D22				
	D23 Exemption: Dependents. Multiply number in box 10, page 1, by \$2,300	D23				
	D24 Total exemptions. Add lines D21 through D23	D24				
	D25 Multiply line D24 by percentage on line B17 and enter the result.....	D25				
	D26 Interest on U.S. obligations, such as U.S. Savings Bonds and Treasury Bills included in the ARIZONA column	D26				
	D27 Arizona state lottery winnings included on line B12 in ARIZONA column (up to \$5,000 only)	D27				
	D28 Alternative fuel vehicles and refueling equipment	D28				
	D29 Agricultural crops contributed to Arizona charitable organizations	D29				
	D30 Other subtractions. See instructions and attach your own schedule	D30				
	D31 Total. Add lines D25 through D30. Enter here and on the front of this form line 19.....	D31				
PART E						
	E32 Last name(s) used in prior years if different from name(s) used in current year.					
Please Sign Here	I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete.					
	Your signature	Date	Occupation			
	Spouse's signature	Date	Spouse's occupation			
Paid Preparer's Information	Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
	Preparer's signature	Date	Firm's name (preparer's if self-employed)			
	Preparer's TIN	Preparer's address				